



Educational Assistance

Reimbursement Request

Please complete this form to receive reimbursement through the education assistance program. Send the completed request form, tuition receipts, and final grades to HOBenefitsIntern@schreiberfoods.com.

Partner Name:

Location:

Degree:

School:

Expected Graduation Date:

Course Title(s) 1:

Course Start Date:

Course End Date:

Grade Recieved:

Course Title(s) 2:

Course Start Date:

Course End Date:

Grade Recieved:

Course Title(s) 3:

Course Start Date:

Course End Date:

Grade Recieved:

Note: The Plan will only cover tuition for approved courses up to eight (8) credits for graduate degrees and up to nine (9) credits for undergraduate degrees each semester. Credits for courses cannot be split for reimbursement purposes.

You will be reimbursed for "A", "B", "AB," "Pass", and "Satisfactory" grades at 100% of tuition.

Per Credit Course Cost \$

X Number of Total Credits

= \$

Plant Partners: 743240

Home Office Partners: 843240

HO Partner Department Number:

I acknowledge that I will be required to pay back all or a portion of any courses reimbursed upon termination, based on guidelines set forth in the Summary Plan Document.

Partner Signature:

Date:

HO Signature:

Date: